

4911

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Graham</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>211</u>
District of <u>Safford</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>162</u>
Town of <u>Pima</u>			Local Registrar No. <u>117</u>
or			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Wayne L. Lealvin</u>		{ If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>4</u>		7. Date <u>Aug 16</u> 19 <u>23</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Leaster Lealvin</u>		Full maiden name <u>Rula N. Halliday</u>	
9. Residence (Usual place of abode) <u>Fr Thomas</u>		15. Residence (Usual place of abode) <u>Fr Thomas</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>Arizona</u>		18. Birthplace (city or place) <u>Indian Hat Springs</u>	
(State or country)		(State or country) <u>Arizona</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miller</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2:50</u> p.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>R. B. Dwyer M.D.</u>	
		(Physician or midwife)	
Address _____			
Given name added from a supplemental report _____		Filed <u>9-7</u> 19 <u>23</u> <u>Hattie W. Schaefer</u>	
Month, day, year.		Registrar.	
Registrar. _____		Filed <u>9-7</u> 19 <u>23</u> <u>D. Scott Schuchman</u>	
		County Registrar.	

635-816-988